



Setting the Stage for HCAHPS Success

Nebraska Hospital Association
February 15, 2012

Carrie Brady, JD, MA

Acknowledgements

- This program is supported by the U.S. Agency for Healthcare Research and Quality (AHRQ) through a contract with the Health Research and Educational Trust (HRET).
- HRET is a charitable and educational organization affiliated with the American Hospital Association, whose mission is to transform health care through research and education.
- AHRQ is a federal agency whose mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

AHRQ/HRET Patient Safety Learning Network (PSLN) Project

- NHA, HRET and AHRQ are partners in bringing you this free program of technical assistance for 6 months.
 - CIMRO of Nebraska
 - Nebraska Health & Human Services Office of Rural Health FLEX program
- AHRQ has retained HRET to partner with health care leaders in creating Patient Safety Learning Networks to support hospitals that wish to use AHRQ's patient safety improvement tools.
- HRET will support learning network members in using HCAHPS, as well other AHRQ patient safety tools in 25 States during 2012.

NHA / HRET HCAHPS Technical Assistance Schedule

Participating Nebraska hospitals will receive technical assistance support at the following dates and times:

- **Tomorrow:** Watch for an email from NHA with a link to a very short online evaluation of this Learning Network webinar, and also a link to the very important Self-assessment tool we ask that you complete in the next 10 days.
- Learning Network Webinar 1: February 15, 2012
- Learning Network Webinar 2: March 14, 2012, 11:00 am– 12:30 pm central time
- In-person Workshop: April 24, 2012, La Vista Conference Center
- Office Hour 1: May 4, 2012, 11:00 am – noon, central time
- Learning Network Teleconference 3: May 16, 2012, 11:00 am – 12:30 pm central time
- Office Hour 2: June 1, 2012, 10:30 – 11:30 am central time

The Patient Experience of Care is Fundamental to Clinical Improvement

- HRET is also partnering with the Nebraska Hospital Association under another federal contract, funded by the Centers for Medicare and Medicaid Services (CMS), to serve as a Hospital Engagement Contractor (HEN) in Nebraska and 32 other States. The CMS HEN project will run for at least 2 years and address 10 clinical problem areas.
- Lessons you learn in this HCAHPS Learning Network will help you succeed in the HEN project:
 - Patient-centered culture is a driver of clinical outcomes
 - Employee and patient engagement are 2 sides of one coin
 - HCAHPS is an early warning system for readmissions

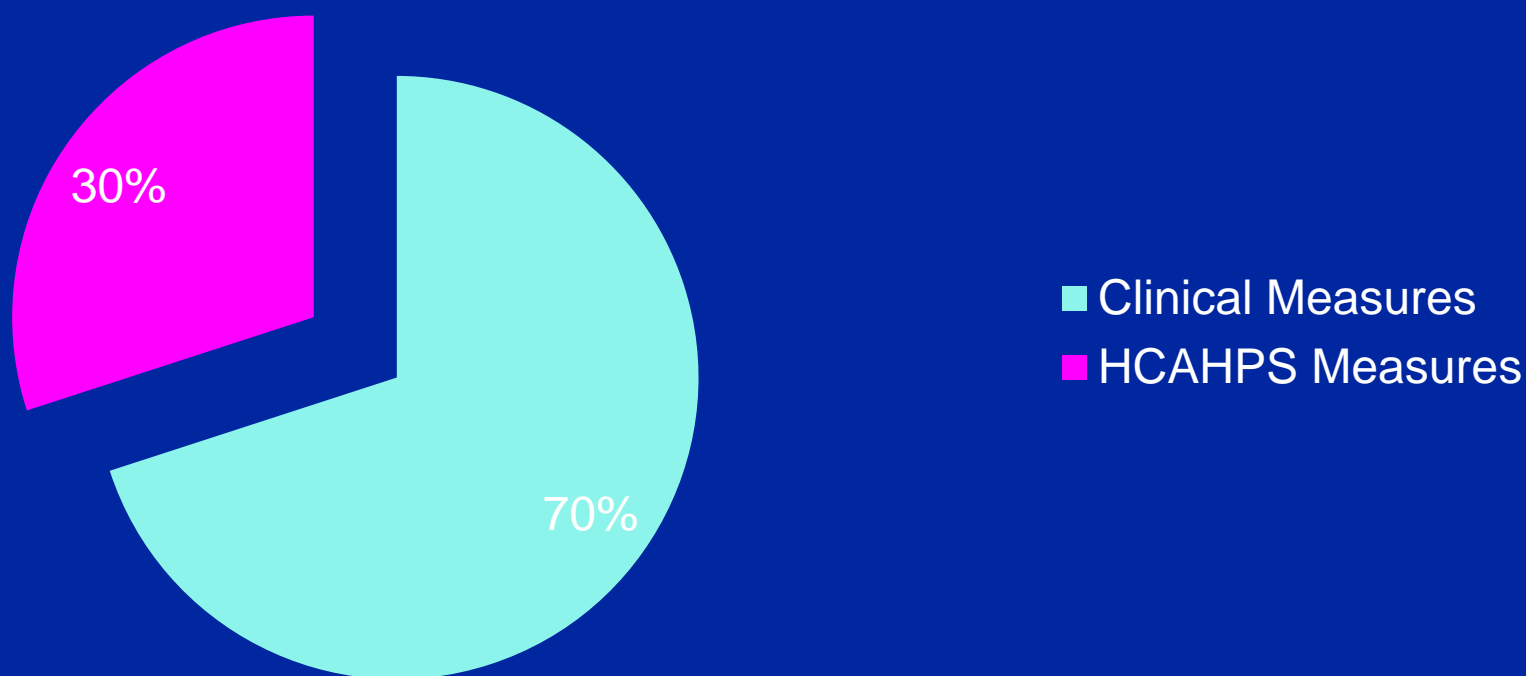
HCAHPS Technical Assistance Faculty

- Carrie Brady, MA, JD
 - Primary HCAHPS trainer
 - Former Connecticut Hospital Association staffer
 - Previous V.P. at Planetree
- Experienced hospital implementers
 - To be identified using performance data and PSLN partner recommendation
 - Feature 2-3 during each live in-person training
 - Include with speaking role in follow up Web conferences

Overview

- Why HCAHPS Matters
- Opportunities and Challenges of HCAHPS
- HRET Curriculum Overview
- The Unique Nature of HCAHPS
- HCAHPS Self-Assessment Instructions

Why HCAHPS Matters: CMS Value-Based Purchasing



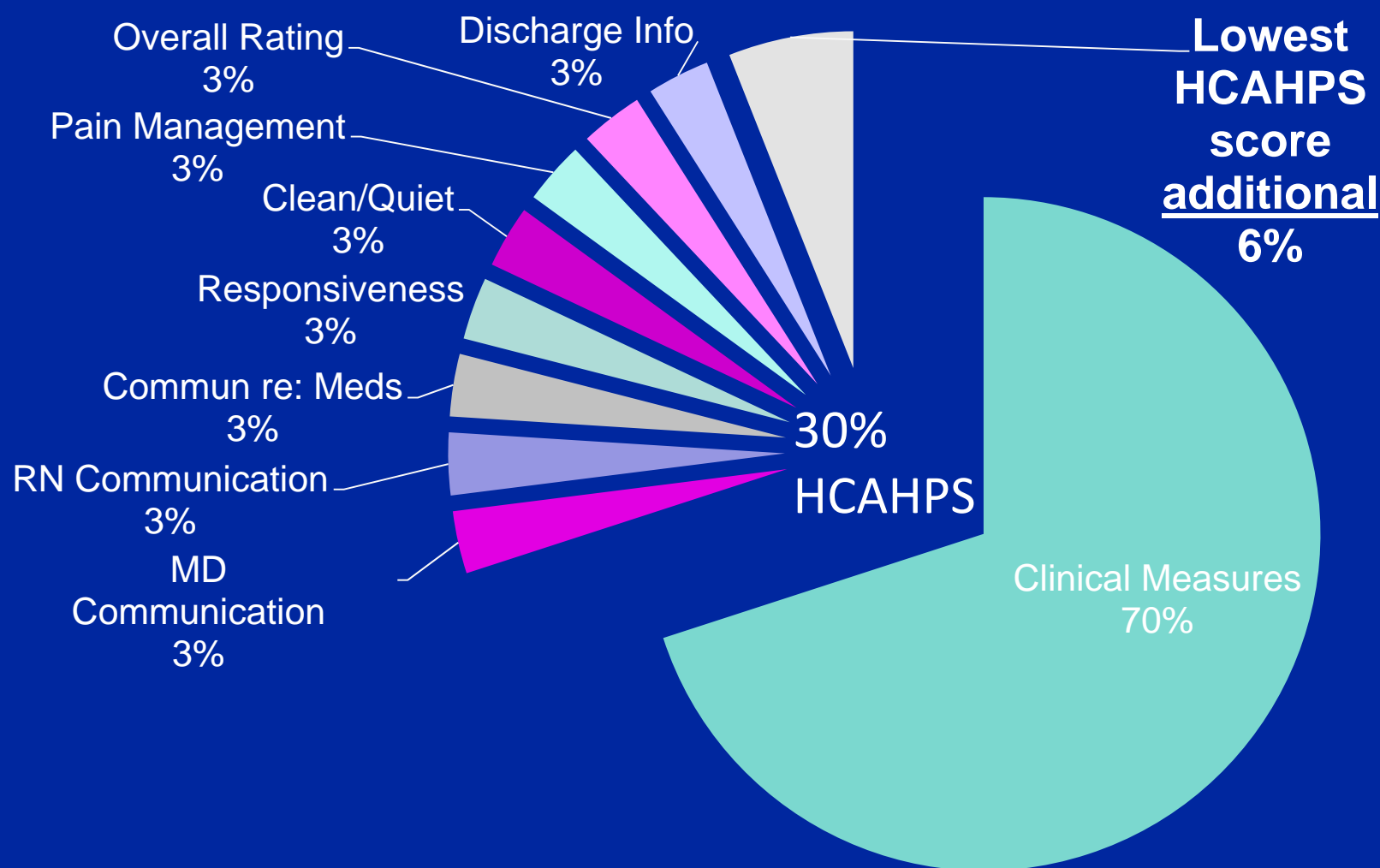
Your performance today
affects your value-based purchasing payments

Each HCAHPS Question Matters

- All questions other than willingness to recommend are factored into VBP calculations
- Clean/quiet questions are combined into one category

9% of your total VBP score is based on your lowest HCAHPS score

CMS Value-Based Purchasing



HCAHPS and Readmissions

For all three clinical areas (AMI, HF, PN), HCAHPS performance was more predictive of readmission rates “than the objective clinical performance measures often used to assess the quality of hospital care.”

Source: Boulding W et al. Relationship between Patient Satisfaction with Inpatient Care and Hospital Readmissions Within 30 Days, Am J Manag Care. 2011; 17(1): 41-48.

HCAHPS and Quality/Safety

“[T]here were consistent relationships between patient experiences and technical quality as measured by the measures used in the HCA program, and complication rates as measured by the AHRQ PSIs.”

Source: Isaac T et al., The Relationship between Patients' Perception of Care and Measures of Hospital Quality and Safety, Health Services Research 45:4 (August 2010)

Patient Experience and Outcomes

“[W]hen we controlled for a hospital’s clinical performance, higher hospital-level patient satisfaction scores were independently associated with lower hospital inpatient mortality rates.”

Source: Glickman SW et al, Patient Satisfaction and Its Relationship with Clinical Quality and Inpatient Mortality in Acute Myocardial Infarction, Circ Cardiovasc Qual Outcomes

How Are You Using HCAHPS?

Is HCAHPS a tool to develop a shared understanding of patient and staff needs?

OR

Is HCAHPS driving a wedge between patients and staff?

The Opportunities and Challenges of HCAHPS

Challenges

If used incorrectly, HCAHPS data can:

- Drive a wedge between patients and staff
- Create frustration and distrust between administration and staff
- Be perceived as invalid or simply irrelevant
- Become an excuse not to listen

Opportunities

If used correctly, HCAHPS data can be a valuable tool to:

- Understand the patient experience
- Gain useful information not available from other sources
- Highlight important ways to improve clinical outcomes and safety
- Monitor and deepen relationships with patients

Ideal Scenario

HCAHPS is viewed as a valuable tool to help organizations achieve multiple objectives

HCAHPS is part of a coordinated, comprehensive approach to partnering with patients and families

Everyone works together as a team to identify opportunities for improvement, innovate and implement strategies, and celebrate success

More Common Scenarios

HCAHPS is used as a weapon by managers who:

- Feel pressured to improve scores but don't know how to do it
- Have run out of improvement strategies/need fresh ideas

Staff members:

- Ignore data completely
- Become angry with patients
- Try to improve, but are overwhelmed by tasks that are not well aligned or prioritized

*“Insanity:
Doing the same thing over and over again
and expecting different results.”*

Albert Einstein



HRET Curriculum: A New Way of Thinking about HCAHPS

Hospital
Consumer
Assessment of
Healthcare
Providers and
Systems

What HCAHPS Means

How
Can you
Always
Help
Patients/ Providers
Succeed?

Curriculum Objective

To support hospital teams in effectively using HCAHPS as a tool for improving quality, safety, and the patient experience.

Strategies to Achieve the Objectives

- Provide expertise, research, and practical tools
- Harness participants' institutional wisdom
- Build internal teams and external communities for ongoing improvement work

Curriculum Overview

Conference Calls

One Pre-Workshop Call:

- Setting the Stage for HCAHPS Success

Two Post-Workshop Calls:

- Customized according to self-assessment responses and participant needs

Regular Office hours:

- Toll free opportunity to call in and interact with faculty about specific domains

One In-Person Workshop

- Understanding HCAHPS
- Using HCAHPS Data Effectively
- Specific Improvement Techniques
- Case Studies
- Resources
- Development of Always Events®

Our Secret Ingredient

You!

Your experience and enthusiasm is an essential
component of the curriculum

The Nature of HCAHPS

HCAHPS is a quantitative tool designed to evaluate the qualitative relationship between patients and staff.

HCAHPS is Different and Important

- Clinical process measures have objective answers that are capable of independent validation.
 - e.g. did you give the patient aspirin?
- HCAHPS tells us how we are meeting our patients' unique needs.
 - HCAHPS asks for reports of experience rather than ratings, because reports are more objective.
 - The patient's perception is reality for that patient and we need to understand that reality to provide effective clinical care.

Patients See Things Differently Than Providers

22% of 193 patients reported a “recent unsafe episode”

More than 80% of the reported experiences were classified by reviewers as “service quality incidents”

- ▶ 33% related to waits and delays
- ▶ 21% related to poor communication and information for patients
- ▶ 13% related to poor coordination of care among staff

Source: Weingart SN et al. “Patient-Reported Safety and Quality of Care in Outpatient Oncology” Joint Commission Journal on Quality and Patient Safety; 33:2, 2007

Patients' Perspectives are Invaluable

BRIEF REPORT

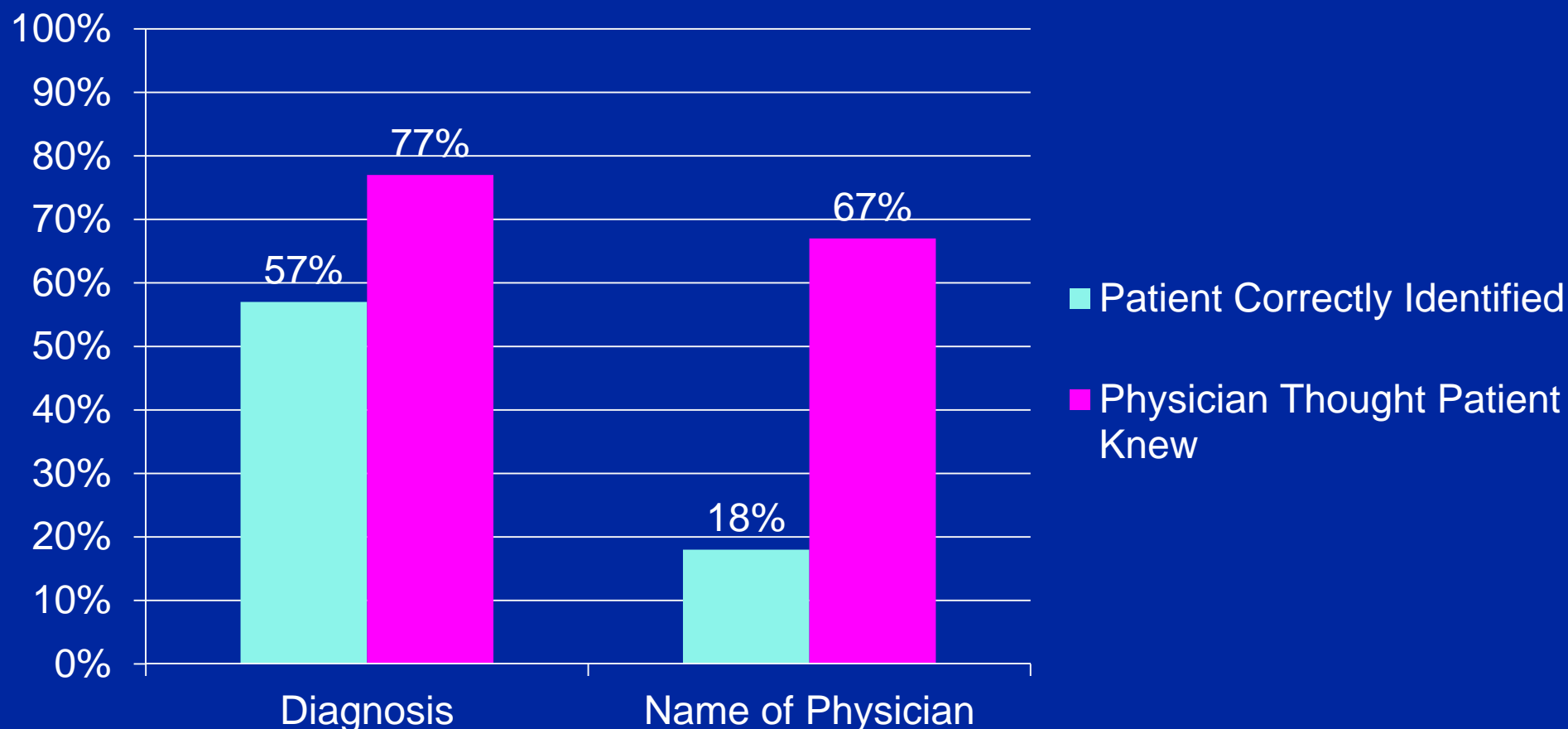
Do Medical Inpatients Who Report Poor Service Quality Experience More Adverse Events and Medical Errors?

Benjamin B. Taylor, MD, MPH, Edward R. Marcantonio, MD, MSc,*† Odelya Pagovich, MD,*
Alexander Carbo, MD,*† Margaret Bergmann, MS, NP,* Roger B. Davis, ScD,*
W. Bates, MD, MS,†§ Russell S. Phillips, MD,*† and Saul N. W.*

CONCLUSIONS:

“Patient-reported service quality deficiencies were associated with adverse events and medical errors. Patients who report service quality incidents may help to identify patient safety hazards.”
(emphasis added)

We Also Need to Know What Patients Don't Know



Source: Olson DP and Windish DM, "Communication Discrepancies Between Physicians and Hospitalized Patients" *Arch Intern Med* 2010; 170 (15): 1302-1307.

To Make the Most of HCAHPS:

*“The real voyage of discovery consists
not in seeking new landscapes,
but in having new eyes.”*

Marcel Proust

Applying Clinical Logic to HCAPHS Improvement

We don't clinically assess, diagnose, and treat a patient using only quantitative data – we also rely on examination, observation and discussion.

Why do we often assess, diagnose and treat organizational performance based solely on quantitative metrics?

Your Preliminary Assignment: See with Fresh Eyes

- Take a fresh look at how HCAHPS is being used or will be used in your organization
- Identify one or two priority HCAHPS areas for intense focus during the curriculum
- Compile an initial self-assessment for use at the workshop
- All organizations completing the self-assessment will receive a summary report enabling comparison with peers

Selection of Priority Focus Areas

- Each organization will select two priority focus areas for the curriculum
 - Curriculum will address all HCAHPS topics
 - Each hospital team will have the opportunity to work on all topics
- Considerations in selection of priority focus areas
 - Current performance
 - Value-based Purchasing performance
 - Correlations between focus areas

HCAHPS Correlations

Available at www.hcahpsonline.org

*HCAHPS PATIENT-LEVEL CORRELATIONS**

	Communication with Nurses	Communication with Doctors	Responsiveness of Hosp. Staff	Pain Management	Comm. about Medicines	Cleanliness of Hospital Env.	Quietness of Hospital Env.	Discharge Information	Overall Hospital Rating	Recommend the Hospital
Communication with Nurses	1	0.51	0.59	0.58	0.51	0.40	0.34	0.26	0.65	0.58
Communication with Doctors		1	0.37	0.44	0.42	0.25	0.25	0.26	0.48	0.43
Responsiveness of Hosp. Staff			1	0.50	0.42	0.35	0.32	0.21	0.53	0.46
Pain Management				1	0.45	0.32	0.31	0.25	0.55	0.48
Comm. about Medicines					1	0.33	0.30	0.36	0.49	0.43
Cleanliness of Hospital Env.						1	0.28	0.18	0.42	0.37
Quietness of Hospital Env.							1	0.13	0.36	0.30
Discharge Information								1	0.29	0.27
Overall Hospital Rating									1	0.75
Recommend the Hospital										1

*Patient-level Pearson correlations of rescaled linear means of HCAHPS measures, for patients discharged between July 2009 and June 2010 (2.7 million completed surveys).

Components of the Assessment

1. Gather data reports
2. Identify HCAHPS-related organizational goals
3. Review previous interventions
 - Successful and unsuccessful

Gather Data Reports

- How are you reporting HCAHPS data?
 - Governing Board
 - Medical Staff
 - Nursing Staff
 - Housekeeping Staff
 - Senior leadership
 - Department/Unit Managers
 - Pharmacy Staff
 - Others
- Think About:
 - What types of orientation and training related to HCAHPS are or will be provided to each group?
 - What other qualitative and quantitative data related to the patient experience is being collected and reported?

Identify Organizational Goals

- What goals have been set by the organization related to HCAHPS performance in the two priority areas?
- Think about:
 - What is the process for setting the goals?
 - How are the goals expressed to staff?
 - Are the HCAHPS-related goals aligned with other organizational goals?

Consider Prior Interventions

- What interventions to improve the patient experience already have been implemented and what is the status of each?
- What were the most successful and least successful interventions? Why?
- Think about:
 - The process used for each intervention, including communication
 - The frequency with which interventions change
 - The staff attitude toward HCAHPS

Assessment Report

HCAHPS:
HOW CAN YOU ALWAYS HELP PATIENTS (AND PROVIDERS) SUCCEED?

HCAHPS ACTIVITIES:
PEER GROUP REPORT FOR SDAHO

- Complete the online self-assessment report
- Bring a copy of your frontline staff level data reports (with hospital name removed) to the workshop

“Furious activity is no substitute for understanding.”

H. H. Williams

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Participating Nebraska Hospitals

- Alegent Health Bergen Mercy
- Alegent Health Memorial Hospital
- Avera Creighton
- Bellevue Medical Center
- Boone County Health Ctr
- Brown County Hospital
- Butler Co Hlth Care Ctr
- Callaway District Hosp
- Chadron Comm Hosp
- Chase Co Comm Hosp
- Columbus Comm Hosp
- Community Med Center
- Community Memorial Hospital
- Cozad Comm Hosp
- Crete Area Medical Ctr
- Dundy Co Hosp
- Fillmore Co Hosp
- Franklin Co Mem Hosp
- Fremont Area Medical Center
- Good Samaritan Hosp
- Gordon Memorial Hosp
- Gothenburg Mem Hosp
- Harlan Co Health Sys
- Henderson Hlth Care Svcs
- Howard Co Med Center
- Jefferson Comm Hlth Ctr

Participating Nebraska Hospitals

- Jennie Melham Medical Center
- Kimball Health Svcs
- Lexington Reg Hlth Ctr
- Litzenberg Mem Co Hosp
- Memorial Comm Health
- Mem Comm Hosp & Hlth Sys
- Nebraska Medical Center
- Nebraska Methodist Hospital
- Nebraska Orthopaedic Hospital
- Plainview Area Health Sys
- Providence Medical Center
- Saint Mary's Community Hosp
- Saint Francis Memorial Hosp
- Saunders Medical Center
- Tilden Comm Hosp
- Tri Valley Hlth Sys
- Valley Co Hlth Sys
- Warren Mem Hosp
- Webster Co Comm Hosp
- West Holt Medical Services
- York General Hospital

Contacts

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Questions?
